10/1200											Je le		
PATENT APPLICATION FEE DETERMINATION RECOIL Effective October 1, 2003								Application or Docket Number					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAIMS			24		·		. [RATE	FEE]	RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA		ε	BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			24 minus 20=		. 4			X\$ 9=		OR	X\$18=	72c	
INDEPENDENT CLAIMS			/ minus 3 =			\mathbb{Z} [X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PI			REŚENT					+145=	`	OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	-	TOTAL		OR	TOTAL	Mars	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column							SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO	EST . BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MO2	Total	•	Minus	** .		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X43=		OR	X86=	·	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
•								TOTAL			TOTAL ADDIT, FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)		7011. FEE		•	ADDII. 1 EE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	A. A. .	-		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	+145=		OR	+290=		
· ·								TOTAL		OR	TOTAL ADDIT. FEE		
(Column 1): (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER : AMENDMENT	·	. HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		s .		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=			X86=	·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.													
If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		ber Previously Paid					r found	in the ap	propriate box	in coh	umn 1.		